

# **APPLICATION FOR EMPLOYMENT**

Fairfax County Fire and Rescue Department Recruitment Section, 6<sup>th</sup> Floor 4100 Chain Bridge Road Fairfax, VA 22030



#### AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

www.fairfaxcounty.gov/fire

JOB APPLIED FOR	Firefig	Firefighter/EMT			04-9015		
<del>-</del>				(An	nouncement N	umber)	
Name				D.O.B	/	/	
Last		rst	M.I.	I. (Date of Birth)		irth)	
Address							
Street		Apt	City	Sta	nte	Zip Cod	
Phone ()	() _		_ S.S. <u>N.</u>	-	red at the time		
I	Home	Cell	(;	SS Card requir	red at the time	of appt.)	
Work Phone:		_ Email Address:					
	employees must submit pro ard and driver's license are		gibility for emplo	yment in the U	.S. prior to appo	intment. A	
Have you ever applied	to work in the U.S.? for the position of firefig	hter/EMT				NO	
with Fairfax County Fire If yes provide date(s)	re and Rescue Departme	nt?			YES	NO	
If yes, provide date(s)						NO	
	or more moving traffic vs:					NO	
Have your license been suspended within the last 12 months?						NO	
If you posses any cert	cification(s) from the li	st below, please	circle the appro	opriate level(	s):		
NFPA FF NFPA Instructor NFPA Officer	I II III IV I II III IV I II III	EMT-B EMT-I EMT-O	]	NREMT-I NREMT-P HAZMAT	і ІІ ІІІ		
MITA OHICE	1 11 111	EWIT-C			1 11 111		
complete to the best of me, or for dismissing m	tatement must be signed, my knowledge. I underst the after I have begun to we have records concerning r	stand that a false o work. I waive all r	incomplete ansights I might have	wer may be g	rounds for not	employing	
Please notify the Rec	Signature ruitment Section shoul	d vou need speci	al accommoda	tions during t	Date the selection i	orocess.	

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## An Equal Opportunity/Affirmative Action Employer

#### \*THIS SECTION MUST BE COMPLETED\*

JOB APPLIED FOR Firefighter/EMT

**DATE OF APPLICATION** 

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LAST NAME	JOB ANNOUNCEMENT # 04-9015				
FIRST NAME	M.I				
STREET ADDRESS	APT. NO				
CITYSTATE	ZIP CODE HOME PHONE ( )				
BIRTHDATE/	SOCIAL SECURITY NUMBER				
SEX AND ETHNIC ORIGIN	Sex and ethnic origin. CHECK ONLY ONE BOX ommission defines ethnic origin as follows:				
☐ A. Male-White	"White"-(not of Hispanic origin)-all persons having origins in any of the original peoples				
☐ B. Male-Black	of Europe, North Africa, or the Middle East				
□ C. Male-Hispanic/Latino	"Black"-(not of Hispanic origin)- all persons having origins in any of the black racial groups of Africa				
☐ D. Male-American Indian/Alaskan Native	"Hispanic/Latino"-all persons of Mexican, Puerto Rican, Cuban, Central or South				
☐ E. Male-Asian/Pacific Islander	American or other Spanish culture or origin, regardless of race				
☐ G. Female-White ☐ H. Female-Black	"American Indian or Alaskan Native"-all persons having origins in any of the original				
☐ I. Female-Hispanic/Latino	peoples of North America, and who maintain cultural identification through tribal or community recognition				
☐ J. Female-American Indian/Alaskan Native	"Asian or Pacific Islander"-all persons having origins in any of the original peoples of the				
☐ K. Female-Asian/Pacific Islander	Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.				